

Claims Certification Testing Guide for Fee-for-Service Providers

January 2015

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Overview and Purpose

The purpose of this guide is to prepare Fee-for-Service (FFS) providers for Provider Readiness Claims Testing, and assist FFS providers with creating test clients and associated financial eligibility records to support the submission of claims for the following testing scenarios: Medi-Cal client, Medi-Medi client, OHC-Medi-Cal client. In addition, requesting an authorization for Over-threshold services is also included in the scope of this testing. This guide provides a step-by-step outline of Phase 2 and Phase 3 in the FFS Claims Certification Testing Script, which FFS providers must follow to complete their claiming test scenarios. In essence, this document is a companion guide for the FFS Claims Certification Testing Script. The FFS Claims Certification Testing Script is posted on the IBHIS Readiness page of the IS website at the following web address: http://lacdmh.lacounty.gov/hipaa/ffs_IBHIS_EDI_Readiness.htm. Additional detailed information regarding creating clients and financial eligibility records for clients can also be found in the End User Training for FFS Process Manual, also known as the FFS Process Training Material.

Each Phase 2 section will guide you through the process of creating a record and an admission for a test client in ProviderConnect, as well as completing the financial eligibility forms for each test client. You will create three test clients in total; one client with Medi-Cal; one client with Medicare and Medi-Cal; and one client with other healthcare coverage and Medi-Cal. The Phase 3 section will guide you through the process of creating an Overthreshold Authorization Request for one of the test clients that you created as part of Phase 2. You will be required to choose one of the three clients that you created, and create an Overthreshold Authorization Request for that client.

Phase 2 Claiming Test Scenario: *Medi-Cal Client*

1. Create an Admission for a new test client.

a. Select *Add New Client/Client Search* from Main Menu.

| Main Menu - Provider | | |
|-----------------------|------------------------------|-----------------|
| <u>L</u> ookup Client | Add New Client/Client Search | Change Password |
| Documentation | News | |
| Logout / Exit | | |

b. Enter "Last Name", "First Name" and "Sex" and Select *Search*.

| Search Criteria | |
|---------------------------------------|--|
| Social Security Number: | <input type="text"/> |
| Last Name: | <input type="text" value="Testing"/> |
| First Name: | <input type="text" value="Testing"/> |
| Sex: | <input checked="" type="radio"/> Female - F <input type="radio"/> Male - M <input type="radio"/> Other - O <input type="radio"/> Unknown - U |
| Date of Birth: | <input type="text"/> |
| <input type="button" value="Search"/> | |

c. Select *Create Admission for New Client* after search returned no client records.

| Search Criteria | |
|--|--|
| Social Security Number: | <input type="text"/> |
| Last Name: | <input type="text" value="Testing"/> |
| First Name: | <input type="text" value="Testing"/> |
| Sex: | <input checked="" type="radio"/> Female - F <input type="radio"/> Male - M <input type="radio"/> Other - O <input type="radio"/> Unknown - U |
| Date of Birth: | <input type="text"/> |
| <input type="button" value="Search"/> | |
| No clients found. | |
| <input type="button" value="Create Admission for New Client"/> | |

- d. In the Admission form, enter the following information into their corresponding fields.

| Provider Connect Field | Data to be Entered |
|------------------------|-------------------------------------|
| Gender | F |
| Date of Birth | 3/1/1985 |
| Admission Date | 12/1/2013 |
| Admission Time | 11:55 AM |
| Program | xFFS2LE Fee for Service 2 Admission |
| Admitting Practitioner | (Enter the Practitioner ID)* |
| Type of Admission | FirstAdmission |
| Social Security Number | 987126666 |
| Client First Name | (Enter the Client First Name)*~ |
| Client Last Name | (Enter the Client Last Name)*~ |
| Street Address 1 | 101 Anywhere Street |
| Street Address 2 | Apt. 10 |
| ZIP Code | 90005 |
| City | Los Angeles |
| State | CA |

* Identified by Provider


~ Client name should be obviously fictitious (e.g. first name = Blue, last name = Sky)

- e. Select *Save Admission* (located at the bottom of the form) after entering all of the above information.

Save Admission

2. Create Financial Eligibility for the new test client.

- a. Search for client (entered in step 1 above) via Lookup Client from Main Menu.

| Main Menu - Provider | | |
|--|-------------------------------------|------------------------|
|  Lookup Client | Add New Client/Client Search | Change Password |
| Documentation | News | |
| Logout / Exit | | |


- b. Enter client First Name and Last Name and Select *Search by Criteria*.

| Search Criteria | |
|-----------------|--------------------------------------|
| Member ID: | <input type="text"/> |
| SSN: | <input type="text"/> |
| First Name: | <input type="text" value="Testing"/> |
| Last Name: | <input type="text" value="Testing"/> |
| Date of Birth: | <input type="text"/> |
| Agency: | <input type="text"/> |


Note: Only clients with authorization requests, pending or approved authorizations, and/or provider-initiated Admissions will display.

Search by Criteria

- c. Select the link Client ID when the client appears in your search results.

| Search Results | | | | |
|---|-----------|------------|---------------|--------|
| Client ID | Last Name | First Name | Date of Birth | Agency |
|  3003251 | Testing | Testing | 3/1/1985 | |

- d. Select *Financial Eligibility* from the task bar.

| |
|---|
| Client Condition - Pregnancy |
| Demographic |
| CSI Admission |
|  Financial Eligibility |
| Authorizations |
| Provider Admission |
| Provider Diagnosis |
| Attachments |

e. Select *Add Financial Eligibility* from the Financial Eligibility predisplay.

| Episode-Based Financial Eligibility | | | |
|--------------------------------------|----------------|----------------|--------|
| Record Date | Admission Date | Episode Number | Agency |
| No records found. | | | |
| <div>Add Financial Eligibility</div> | | | |

f. Select the Episode Number dropdown.

| Financial Eligibility | |
|--|--|
| Episode Number | <input type="text" value="1"/> ▼ |
| Admission Date | <input type="text"/> |
| Program | <input type="text"/> |
| Default Information from Different Episode | <input type="radio"/> Yes - Y <input type="radio"/> No - N |
| Episode To Default From | <input type="text" value="1"/> ▼ |
| Coverage Comments | <input type="text"/> |

g. Select the Episode Number for the Fee-for-Service Admission.

| Episode Selection | | | |
|-------------------|------------|----------------|--------------------------------------|
| Episode Number | Admit Date | Discharge Date | Program |
| 1 | 12/1/2013 | | x FFS2LE Fee For Service 2 Admission |

h. Select *No* to Default Information from Different Episode.

| | |
|--|---|
| Default Information from Different Episode | <input type="radio"/> Yes - Y <input checked="" type="radio"/> No |
|--|---|

i. Select "Medi-Cal (10)" from the Guarantor Selection dropdown list, and select *Add Guarantor*.

| Guarantor Selection | |
|---------------------|--------------------------|
| Medi-Cal (10) | <div>Add Guarantor</div> |

- j. In the Guarantor Details form, enter the following data into their corresponding fields.

| Provider Connect Field | Data to be Entered |
|-------------------------------------|---|
| Customize Guarantor Plan | No |
| Subscriber's Name | (Enter the Client Name from Admission (Last,First MI))* |
| Client's Relationship to Subscriber | Self |
| Subscriber Address | 101 Anywhere Street* |
| Subscriber Address 2 | Apt. 10* |
| Subscriber City | Los Angeles* |
| Subscriber State | CA* |
| Subscriber Zip | 90005* |
| Subscriber Social Security Number | 987126666* |
| Subscriber Sex | F* |
| Subscriber Policy Number | 92312312A |
| Subscriber Client Index Number | 92312312A |
| Subscriber Assignment of Benefits | Yes |
| Subscriber Release of Information | Informed Consent To Release Medical Info - I |
| Eligibility Verified: | Yes |
| Coverage Effective Date | 9/1/2013 |
| Coordination of Benefits | Yes |

*Selecting "Self" from the Client's Relationship to Subscriber dropdown will prepopulate these fields, to avoid entering the information manually.

- k. Select Save after entering the information above.

- l. Select "LA County (16)" from Guarantor Selection dropdown list, and select *Add Guarantor*.

| Guarantor Selection | |
|---------------------|----------------------|
| Change Order | Guarantor Name |
| ↓ ↑ | DMH |
| LA County (16) ▼ | Add Guarantor |



- m. In the Guarantor Details form, enter the following data into their corresponding fields.

| Provider Connect Field | Data to be Entered |
|-------------------------------------|---|
| Customize Guarantor Plan | No |
| Subscriber's Name | (Enter the Client Name from Admission (Last,First MI))* |
| Client's Relationship to Subscriber | Self |
| Subscriber Address | 101 Anywhere Street* |
| Subscriber Address 2 | Apt. 10* |
| Subscriber City | Los Angeles* |
| Subscriber State | CA* |
| Subscriber Zip | 90005* |
| Subscriber Social Security Number | 987126666* |
| Subscriber Sex | F* |
| Subscriber Policy Number | 91233445A |
| Subscriber Client Index Number | 91233445A |
| Subscriber Assignment of Benefits | Yes |
| Subscriber Release of Information | Yes, Provider Has Signed Statement Permitting Release |
| Eligibility Verified | Yes |
| Coverage Effective Date | 9/1/2013 |
| Coordination of Benefits | Yes |

*Selecting "Self" from the Client's Relationship to Subscriber dropdown will prepopulate these fields.

- n. Select **Save** after entering the information above.
- o. Verify that the DMH guarantor (otherwise known as the Medi-Cal guarantor) is listed first, and the LA County guarantor is listed second in the Guarantor Selection section. Then select **Submit** to save the client's financial eligibility information.

| Guarantor Selection | |
|--------------------------------|----------------|
| Change Order | Guarantor Name |
| ↓ ↑ | DMH |
| ↓ ↑ | LA County |
| -- Guarantors -- Add Guarantor | |

→ **Submit** **Cancel**

- p. The Financial Eligibility predisplay will appear, confirming the submission of the client's financial eligibility.

| Episode-Based Financial Eligibility | | |
|-------------------------------------|----------------|----------------|
| Record Date | Admission Date | Episode Number |
| 9/17/2014 1:46:00 PM | 12/1/2013 | 1 |

Phase 2 Claiming Test Scenario: *Medi-Medi Client*

1. Create an Admission for the new test client.

a. Select *Add New Client/Client Search* from Main Menu.

| Main Menu - Provider | | |
|-----------------------|------------------------------|-----------------|
| <u>L</u> ookup Client | Add New Client/Client Search | Change Password |
| Documentation | News | |
| Logout / Exit | | |

b. Enter "Last Name," "First Name" and "Sex" and select *Search*.

| Search Criteria | |
|---------------------------------------|--|
| Social Security Number: | <input type="text"/> |
| Last Name: | NAME <input type="text"/> |
| First Name: | NAME <input type="text"/> |
| Sex: | <input checked="" type="radio"/> Female - F <input type="radio"/> Male - M <input type="radio"/> Other - O <input type="radio"/> Unknown - U |
| Date of Birth: | <input type="text"/> |
| <input type="button" value="Search"/> | |

c. Select *Create Admission for New Client* after search returned no client records.

| Search Criteria | |
|---------------------------------------|--|
| Social Security Number: | <input type="text"/> |
| Last Name: | NAME <input type="text"/> |
| First Name: | NAME <input type="text"/> |
| Sex: | <input checked="" type="radio"/> Female - F <input type="radio"/> Male - M <input type="radio"/> Other - O <input type="radio"/> Unknown - U |
| Date of Birth: | <input type="text"/> |
| <input type="button" value="Search"/> | |

No clients found.



- d. In the Admission form, enter the following information into their corresponding fields.

| Provider Connect Field | Data to be Entered |
|------------------------|-------------------------------------|
| Gender | F |
| Date of Birth | 9/1/1945 |
| Admission Date | 10/1/2013 |
| Admission Time | 2:00 PM |
| Program | xFFS2LE Fee for Service 2 Admission |
| Admitting Practitioner | (Enter the Practitioner ID)* |
| Type of Admission | FirstAdmission |
| Social Security Number | 989111111 |
| Client First Name | (Enter the Client First Name)*~ |
| Client Last Name | (Enter the Client Last Name)*~ |
| Street Address 1 | 999 Anywhere Street |
| Street Address 2 | Apt 9 |
| ZIP Code | 90005 |
| City | Los Angeles |
| State | CA |

* Identified by Provider


~ Client name should be obviously fictitious (e.g. first name = Blue, last name = Sky) and different than the Medi-Cal test client.

- e. Select *Save Admission* (located at the bottom of the form) after entering all of the above information.

Save Admission

2. Create Financial Eligibility for the new test client.

a. Search for client (entered in step 1 above) via Lookup Client from Main Menu.

| Main Menu - Provider | | |
|---|--|---------------------------------|
|  Lookup Client | Add New Client/Client Search | Change Password |
| Documentation | News | |
| Logout / Exit | | |


b. Enter client First Name and Last Name and select *Search by Criteria*.

| Search Criteria | |
|-----------------|-----------------------------------|
| Member ID: | <input type="text"/> |
| SSN: | <input type="text"/> |
| First Name: | <input type="text" value="NAME"/> |
| Last Name: | <input type="text" value="NAME"/> |
| Date of Birth: | <input type="text"/> |
| Agency: | SCHMIDT, JILL E. |


Note: Only clients with authorization requests, pending or approved authorizations, and/or provider-initiated Admissions will display.

[Search by Criteria](#)

c. Select the link Client ID when the client appears in your search results.

| Search Results | | | | |
|---|-----------|------------|---------------|------------------|
| Client ID | Last Name | First Name | Date of Birth | Agency |
|  3006172 | NAME | NAME | 9/1/1945 | SCHMIDT, JILL E. |

d. Select *Financial Eligibility* from the task bar.

| |
|---|
| Client Condition - Pregnancy |
| Demographic |
| CSI Admission |
|  Financial Eligibility |
| Authorizations |
| Provider Admission |
| Provider Diagnosis |
| Attachments |

e. Select *Add Financial Eligibility* from the Financial Eligibility predisplay.

| Episode-Based Financial Eligibility | | | |
|-------------------------------------|----------------|----------------|--------|
| Record Date | Admission Date | Episode Number | Agency |
| No records found. | | | |
| Add Financial Eligibility ← | | | |

f. Select the Episode Number dropdown.

| Financial Eligibility | |
|--|--|
| Episode Number | <input type="text"/> ↓ ← |
| Admission Date | <input type="text"/> |
| Program | <input type="text"/> |
| Default Information from Different Episode | <input type="radio"/> Yes - Y <input type="radio"/> No - N |
| Episode To Default From | <input type="text"/> ↓ |
| Coverage Comments | <input type="text"/> |

g. Select the Episode Number for the Fee-for-Service Admission.

| Episode Selection | | | |
|-------------------|------------|----------------|--------------------------------------|
| Episode Number | Admit Date | Discharge Date | Program |
| 1 ← | 10/1/2013 | | x FFS2LE Fee For Service 2 Admission |

h. Select *No* to Default Information from Different Episode.

| | |
|--|---|
| Default Information from Different Episode | <input type="radio"/> Yes - Y <input checked="" type="radio"/> No ← |
|--|---|

i. Select "Medicare (12)" from Guarantor Selection list and select *Add Guarantor*.

| Guarantor Selection | |
|---------------------|------------------------|
| Medicare (12) ↓ | Add Guarantor ← |

- j. In the Guarantor Details form, enter the following information in the corresponding fields.

| Provider Connect Field | Data to be Entered |
|-------------------------------------|---|
| Customize Guarantor Plan | No |
| Subscriber's Name | (Enter the Client Name from Admission (Last,First MI))* |
| Client's Relationship to Subscriber | Self |
| Subscriber Address | 999 Anywhere Street* |
| Subscriber Address 2 | Apt 9* |
| Subscriber City | Los Angeles* |
| Subscriber State | CA* |
| Subscriber Zip | 90005* |
| Subscriber Social Security Number | 989111111* |
| Subscriber Sex | F* |
| Subscriber Policy Number | 15830AC |
| Subscriber Medicare Number | LD840658 |
| Subscriber Assignment of Benefits | Yes |
| Subscriber Release of Information | Yes, Provider Has Signed Statement Permitting Release - Y |
| Eligibility Verified | Yes |
| Coverage Effective Date | 9/1/2013 |
| Coordination of Benefits | Yes |

*Selecting "Self" from the Client's Relationship to Subscriber dropdown will prepopulate these fields.

- k. Select **Save** after entering the information above.
- l. Select "Medi-Cal (10)" from Guarantor Selection dropdown list and select *Add Guarantor*.

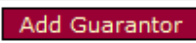
| | |
|----------------------------|------------------------|
| Guarantor Selection | |
| Medi-Cal (10) ▼ | Add Guarantor ← |

- m. In the Guarantor Details form, enter the following information in the corresponding fields.

| Provider Connect Field | Data to be Entered |
|-------------------------------------|---|
| Customize Guarantor Plan | No |
| Subscriber's Name | (Enter the Client Name from Admission (Last,First MI))* |
| Client's Relationship to Subscriber | Self |
| Subscriber Address | 999 Anywhere Street* |
| Subscriber Address 2 | Apt 9* |
| Subscriber City | Los Angeles* |
| Subscriber State | CA* |
| Subscriber Zip | 90005* |
| Subscriber Social Security Number | 989111111* |
| Subscriber Sex | F* |
| Subscriber Policy Number | 95612312A |
| Subscriber Client Index Number | 95612312A |
| Subscriber Assignment of Benefits | Yes |
| Subscriber Release of Information | Informed Consent To Release Medical Infor – I |
| Eligibility Verified: | Yes |
| Coverage Effective Date | 9/1/2013 |
| Coordination of Benefits | Yes |

*Selecting "Self" from the Client's Relationship to Subscriber dropdown will prepopulate these fields.

- n. Select Save after entering the information above.
- o. Select "LA County (16)" from Guarantor Selection dropdown list and select *Add Guarantor*.

| Guarantor Selection | |
|---------------------|--|
| Change Order | Guarantor Name |
| ↓ ↑ | DMH |
| LA County (16) |  |



- p. In the Guarantor Details form, enter the following information in the corresponding fields.

| Provider Connect Field | Data to be Entered |
|-------------------------------------|---|
| Customize Guarantor Plan | No |
| Subscriber's Name | (Enter the Client Name from Admission (Last,First MI))* |
| Client's Relationship to Subscriber | Self |
| Subscriber Address | 999 Anywhere Street* |
| Subscriber Address 2 | Apt 9* |
| Subscriber City | Los Angeles* |
| Subscriber State | CA* |
| Subscriber Zip | 90005* |
| Subscriber Social Security Number | 989111111* |
| Subscriber Sex | F* |
| Subscriber Assignment of Benefits | Yes |
| Subscriber Release of Information | Yes, Provider Has Signed Statement Permitting Release |
| Eligibility Verified | Yes |
| Coverage Effective Date | 9/1/2013 |
| Coordination of Benefits | Yes |

*Selecting "Self" from the Client's Relationship to Subscriber dropdown will prepopulate these fields.

- q. Select **Save** after entering the information above.
- r. Verify that the Noridian guarantor (otherwise known as the Medicare guarantor) is listed first, the DMH guarantor (otherwise known as the Medi-Cal guarantor) is listed second, and the LA County guarantor is listed third in the Guarantor Selection section. Then select **Submit** to save the client's financial eligibility information.

| Guarantor Selection | |
|--------------------------------|----------------|
| Change Order | Guarantor Name |
| ↓ ↑ | Noridian |
| ↓ ↑ | DMH |
| ↓ ↑ | LA County |
| -- Guarantors -- Add Guarantor | |

→ **Submit** **Cancel**

- s. The Financial Eligibility predisplay will appear, confirming the submission of the client's financial eligibility.

| Episode-Based Financial Eligibility | | |
|-------------------------------------|----------------|----------------|
| Record Date | Admission Date | Episode Number |
| 9/17/2014 1:46:00 PM | 12/1/2013 | 1 |

Phase 2 Claiming Test Scenario: *OHC- Medi-Cal Client*

1. Create an Admission for the new test client. .

a. Select *Add New Client/Client Search* from the Main Menu.

| Main Menu - Provider | | |
|-----------------------|------------------------------|-----------------|
| <u>L</u> ookup Client | Add New Client/Client Search | Change Password |
| Documentation | News | |
| Logout / Exit | | |

b. Enter Last Name, First Name and Sex, and select *Search*.

| Search Criteria | |
|-------------------------|--|
| Social Security Number: | <input type="text"/> |
| Last Name: | STICKER |
| First Name: | STICKER |
| Sex: | <input type="radio"/> Female - F <input checked="" type="radio"/> Male - M <input type="radio"/> Other - O <input type="radio"/> Unknown - U |
| Date of Birth: | <input type="text"/> |

c. Select *Create Admission for New Client* after search returned no client records.

| Search Criteria | |
|-------------------------|--|
| Social Security Number: | <input type="text"/> |
| Last Name: | STICKER |
| First Name: | STICKER |
| Sex: | <input type="radio"/> Female - F <input checked="" type="radio"/> Male - M <input type="radio"/> Other - O <input type="radio"/> Unknown - U |
| Date of Birth: | <input type="text"/> |

No clients found.

d. In the Admission form, enter the following information in the corresponding fields.

| Provider Connect Field | Data to be Entered |
|------------------------|-------------------------------------|
| Gender | M |
| Date of Birth | 10/1/1976 |
| Admission Date | 12/12/2013 |
| Admission Time | 10:00 AM |
| Program | xFFS2LE Fee for Service 2 Admission |
| Admitting Practitioner | (Enter the Practitioner ID)* |
| Type of Admission | First Admission |
| Social Security Number | 999222222 |
| Client First Name | (Enter the Client First Name)*~ |
| Client Last Name | (Enter the Client Last Name)*~ |
| Street Address 1 | 555 Anywhere Street |
| Street Address 2 | Apt 5 |
| ZIP Code | 90005 |
| City | Los Angeles |
| State | CA |

* Identified by Provider


~ Client name should be obviously fictitious (e.g. first name = Blue, last name = Sky) and different than the Medi-Cal and Medi-Medi test clients.

e. Select *Save Admission* (located at the bottom of the form) after entering all of the above information.

Save Admission

2. Create Financial Eligibility for the new test client.


- a. Search for the client (entered in step 1 above) via Lookup Client from the Main Menu.

| Main Menu - Provider | | |
|--|-------------------------------------|------------------------|
|  Lookup Client | Add New Client/Client Search | Change Password |
| Documentation | News | |
| Logout / Exit | | |


- b. Enter the First Name and Last Name, and select *Search by Criteria*.

| Search Criteria | |
|-----------------|--------------------------------------|
| Member ID: | <input type="text"/> |
| SSN: | <input type="text"/> |
| First Name: | <input type="text" value="STICKER"/> |
| Last Name: | <input type="text" value="STICKER"/> |
| Date of Birth: | <input type="text"/> |
| Agency: | SCHMIDT, JILL E. |

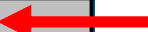
Note: Only clients with authorization requests, pended or approved authorizations, and/or provider-initiated Admissions will display.

 **Search by Criteria**


- c. Select the link Client ID when the client appears in your search results.

| Search Results | | | | |
|---|-----------|------------|---------------|------------------|
| Client ID | Last Name | First Name | Date of Birth | Agency |
|  3006182 | STICKER | STICKER | 10/1/1976 | SCHMIDT, JILL E. |


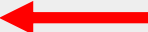

- d. Select *Financial Eligibility* from the task bar.

| |
|---|
| Client Condition - Pregnancy |
| Demographic |
| CSI Admission |
|  Financial Eligibility |
| Authorizations |
| Provider Admission |
| Provider Diagnosis |
| Attachments |


- e. Select Add Financial Eligibility from the Financial Eligibility predisplay.

| Episode-Based Financial Eligibility | | | |
|--|----------------|----------------|--------|
| Record Date | Admission Date | Episode Number | Agency |
| No records found. | | | |
|  Add Financial Eligibility | | | |

- f. Select the Episode Number dropdown.

| Financial Eligibility | |
|--|---|
| Episode Number | <input type="text" value="1"/>   |
| Admission Date | <input type="text"/> |
| Program | <input type="text"/> |
| Default Information from Different Episode | <input type="radio"/> Yes - Y <input type="radio"/> No - N |
| Episode To Default From | <input type="text" value="1"/>  |
| Coverage Comments | <div><div></div></div> |

- g. Select the Episode Number for the Fee-for-Service Admission.



| Episode Selection X | | | |
|---|------------|----------------|--------------------------------------|
| Episode Number | Admit Date | Discharge Date | Program |
| 1  | 12/12/2013 | | x FFS2LE Fee For Service 2 Admission |

- h. Select No to Default Information from Different Episode.

| | |
|--|---|
| Default Information from Different Episode | <input type="radio"/> Yes - Y <input checked="" type="radio"/> No - N  |
|--|---|

- i. Select the applicable OHC payor from the Guarantor Selection dropdown list, and select *Add Guarantor*. Below is a partial list of the potential payors that might be selected.

Capitol Administrators (50)
Care 1st Health Plan - POB4239 (66)
Care 1st Health Plan - Potrero (49)
Caremore Insurance - POB 366 (51)
CDPHP (151)
Cedar Sinai - POB 6250 (52)
Cedar Sinai (Secure Horizons) (53)
Centinela Valley IPA Medical Group (69)
Central Health Medicare Plan (54)
Champ VA - Submit Denied Claims (56)
Champ VA Insurance Claims (55)
CHAMPUS/Tricare Resubmitted Claims (57)
Choc Health Alliance - POB 62108 (58)
Cigna Behavioral Health - POB 188022 (59)
Cigna Healthcare (PPO) Greatwest (60)
Cigna Insurance - POB 46270 (61)
Cigna Insurance - POB 5200 (62)
Citizens Choice Health Plans - POB 127 (63)
Clinica Medica San Miguel IPA (70)
Coast Healthcare Management (74)
College of Health IPA - Pioneer Blvd (64)
Community Family Care - POB2002 (65)
Community Health Plan - Fremont Bldg (67)
CompCare-MLK Blvd (68)
Coventry Healthcare - UBH (77)
CSM Default Payor (99999)
Directors Guild of America (71)
Easy Choice Health Plan - POB 260519 (72)
EHS Medical Group - POB 2002 (73)
Facey Medical Foundation - POB 9605 (75)
Cigna Insurance - POB 46270 (61)

- j. In the Guarantor Details form, enter the following information in the corresponding fields.

| Provider Connect Field | Data to be Entered |
|-------------------------------------|---|
| Customize Guarantor Plan | No |
| Subscriber's Name | (Enter the Client Name from Admission (Last,First MI))* |
| Client's Relationship to Subscriber | Self |
| Subscriber Address | 555 Anywhere Street* |
| Subscriber Address 2 | Apt 5* |
| Subscriber City | 90005* |
| Subscriber State | CA* |
| Subscriber Zip | 90005* |
| Subscriber Social Security Number | 999222222* |
| Subscriber Sex | M* |
| Subscriber Policy Number | 9999830AC |
| Subscriber Client Index Number | 99990658C |
| Subscriber Assignment of Benefits | Yes |
| Subscriber Release of Information | Yes, Provider Has Signed Statement Permitting Release |
| Eligibility Verified | Yes |
| Coverage Effective Date | 10/1/2013 |
| Coordination of Benefits | Yes |

*Selecting "Self" from the Client's Relationship to Subscriber dropdown will prepopulate these fields.

- k. Select **Save** after entering the information above.

- l. Select "Medi-Cal (10)" from Guarantor Selection dropdown list, and select **Add Guarantor**.

Guarantor Selection

Medi-Cal (10)

▼

Add Guarantor



- m. In the Guarantor Details form, enter the following information in the corresponding fields.

| Provider Connect Field | Data to be Entered |
|-------------------------------------|---|
| Customize Guarantor Plan | No |
| Subscriber's Name | (Enter the Client Name from Admission (Last,First MI))* |
| Client's Relationship to Subscriber | Self |
| Subscriber Address | 555 Anywhere Street* |
| Subscriber Address 2 | Apt 5* |
| Subscriber City | 90005* |
| Subscriber State | CA* |
| Subscriber Zip | 90005* |
| Subscriber Social Security Number | 999222222* |
| Subscriber Sex | M* |
| Subscriber Policy Number | 98798798A |
| Subscriber Client Index Number | 98798798A |
| Subscriber Assignment of Benefits | Yes |
| Subscriber Release of Information | Informed Consent To Release Medical Info – I |
| Eligibility Verified | Yes |
| Coverage Effective Date | 10/1/2013 |
| Coordination of Benefits | Yes |

*Selecting "Self" from the Client's Relationship to Subscriber dropdown will prepopulate these fields.

- n. Select **Save** after entering the information above.
- o. Select "LA County (16)" from Guarantor Selection dropdown list, and select *Add Guarantor*.

| Guarantor Selection | |
|---------------------|----------------------|
| Change Order | Guarantor Name |
| ↓ ↑ | DMH |
| LA County (16) ▼ | Add Guarantor |



- p. In the Guarantor Details form, enter the following information in the corresponding fields.

| Provider Connect Field | Data to be Entered |
|-------------------------------------|---|
| Customize Guarantor Plan | No |
| Subscriber's Name | (Enter the Client Name from Admission (Last,First MI))* |
| Client's Relationship to Subscriber | Self |
| Subscriber Address | 555 Anywhere Street* |
| Subscriber Address 2 | Apt 5* |
| Subscriber City | 90005* |
| Subscriber State | CA* |
| Subscriber Zip | 90005* |
| Subscriber Social Security Number | 999222222* |
| Subscriber Sex | M* |
| Subscriber Assignment of Benefits | Yes |
| Subscriber Release of Information | Yes, Provider Has Signed Statement Permitting Release |
| Eligibility Verified: | Yes |
| Coverage Effective Date | 10/1/2013 |
| Coordination of Benefits | Yes |

*Selecting "Self" from the Client's Relationship to Subscriber dropdown will prepopulate these fields.

- q. Select **Save** after entering the information above.
- r. Verify that the OHC guarantor (Capitol Administrators, Blue Cross, Kaiser, etc.) is listed first, the DMH guarantor (otherwise known as the Medi-Cal guarantor) is listed second, and the LA County guarantor is listed third in the Guarantor Selection section. Then select **Submit** to save the client's financial eligibility information.

| Guarantor Selection | |
|--------------------------------|------------------------|
| Change Order | Guarantor Name |
| ↓ ↑ | Capitol Administrators |
| ↓ ↑ | DMH |
| ↓ ↑ | LA County |
| -- Guarantors -- Add Guarantor | |


Submit **Cancel**

- s. The Financial Eligibility predisplay will appear, confirming the submission of the client's financial eligibility.

| Episode-Based Financial Eligibility | | |
|-------------------------------------|----------------|----------------|
| Record Date | Admission Date | Episode Number |
| 9/17/2014 4:12:08 PM | 12/1/2013 | 1 |

Phase 3 Claiming Test Scenario: *Creating an Over-threshold Authorization Request*

1. Choose *one* of the three test clients that you created in Phase 2, and then search for the client via the Lookup Client search feature.
2. Open the client record, and select *Authorizations* from the task bar:

| |
|---------------------------------|
| Client Condition - Pregnancy |
| Demographic |
| CSI Admission |
| DCFS Status Tracking |
| Financial Eligibility |
| Public Guardian Status Tracking |
| Authorizations |
| Provider Admission |
| Provider Diagnosis |
| Attachments |



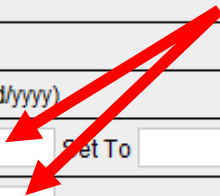
3. Click *Create Request*.

| Provider | Auth Number | Origin | CP Program | Status | Review Status | Request Date | Review Date |
|--------------------------------|-------------|--------|------------|--------|---------------|--------------|-------------|
| No records found. | | | | | | | |
| Create Request | | | | | | | |



4. Then enter the Begin Date and End Date for the authorization, and select *Request Authorization*. Make sure that the dates fall in line with the date of service that will be entered in the claim. Then click *Request Authorization*.

| Authorization Request Information | |
|--|-----------|
| Client SSN: | |
| Agency: | |
| Authorization dates: (m/d/yyyy) | |
| Begin Date: | 1/1/2014 |
| End Date: | 4/30/2014 |
| Request Authorization >> | |



3. The Authorization form will appear. (Red asterisks indicate that the information is required.)

| | | |
|--|--|---|
| Client Information | | |
| CLIENT NAME ADMISSION TEST | MEMBER ID 3008093 | PROVIDER NAME SCHMIDT, JILL E. |
| Care Manager | | |
| CARE MANAGER ASSIGNED: | | DATE ASSIGNED: |
| Authorization Information | | |
| AUTHORIZATION NUMBER: | CURRENT AUTHORIZATION STATUS: | CURRENT AUTHORIZATION STATUS REASON: |
| AUTHORIZED LEVEL OF CARE: | TYPE OF AUTHORIZATION: | PERFORMING PROVIDER TYPE: |
| PLANNED ADMIT DATE: | INITIAL OR CONTINUING AUTH: | NEXT REVIEW DATE: |
| Diagnosis | | |
| Primary Diagnosis | | |
| Secondary Diagnosis | | |
| Funding Source & Benefit Plan Information | | |
| Funding Source: - Please Choose One - * | Benefit Plan: - Please Choose One - * | Provider Registration Date For Funding Source: |
| Program: - Please Choose One - * | | |
| Authorization Group Leave blank for individual CPT Codes requests. | | |
| | | |
| PROCEDURE CODE | | UNITS REQUESTED Enter 0 units to ignore added code. |
| | | Add Code |
| Authorization Dates | | |
| Requested: 1/1/2014 - 4/30/2014 | | |
| File Request | | |

4. Enter the client's Primary Diagnosis.

| | | |
|--|--|---|
| Diagnosis | | |
| Primary Diagnosis | | 309 |
| Secondary Diagnosis | | 309.0 - ADJUSTMENT DISORDER WITH DEPRESSED MOOD 309.21 - SEPARATION ANXIETY DISORDER 309.24 - ADJUSTMENT DISORDER WITH ANXIETY 309.28 - ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD 309.3 - ADJUSTMENT DISORDER WITH DISTURBANCE OF OF CONDUCT 309.4 - ADJUSTMENT DISORDER WITH MIXED DISTURBANCE OF EMOTIONS AND CONDUCT 309.81 - POSTTRAUMATIC STRESS DISORDER 309.9 - ADJUSTMENT DISORDER UNSPECIFIED |
| Funding Source & Benefit Plan Information | | |
| Funding Source: - Please Choose One - * | Benefit Plan: - Please Choose One - * | |
| Program: - Please Choose One - * | | |
| Authorization Group Leave blank for individual CPT Codes requests. | | |

5. Select the Funding Source, Benefit Plan, and Program from the drop downs.


| | | |
|--|--|--|
| Funding Source & Benefit Plan Information | | |
| Funding Source: FFS2 Authorized Outpt Svcs (CGF) MC | Benefit Plan: FFS2 Authorized Outpt Svcs (CGF) MC | Provider Registration Date For Funding Source: |
| Program: z Your_Agency_Name | | |

Note: The appropriate Funding Source for Over-threshold services is "FFS2 Authorized Outpt Svcs (CGF) MC." The appropriate Benefit Plan for Over-threshold services is "FFS2 Authorized Outpt Svcs (CGF) MC." The Program refers to your agency; select your agency from the drop down. All FFS agency names will start with the letter "z."

6. Now click *Add Code* in the Procedure Code section. Select the appropriate Procedure Code from the drop down and enter the number of Units Requested.

| PROCEDURE CODE | | UNITS REQUESTED |
|---|---|---|
| 90847-59 - Family Therapy w/ Client Dupl (-59) |  | 8  |
|  | | |


7. Enter the following comment in the *Comments on Authorization* field: "OTAR for claims testing."

| Comments |
|--|
| Comments on Authorization: <div>OTAR for claims testing. </div> |


8. Click *File Request* to submit the request.

| Authorization Dates |
|--|
| Requested: 1/1/2014 - 4/30/2014 |
|   |

9. You will be returned to the Authorization Information form and your new authorization request will appear on the list. Notice that the Authorization Number is "Unassigned" because Avatar has not yet assigned a number to your authorization request.

| Authorization Information | | | | | | | | |
|---------------------------|--|----------------|---------|---------------|---------------------|------------|-----------------|-------------|
| Provider | Auth Number | CP Program | Status | Review Status | Request Date | Begin Date | Expiration Date | Attachments |
| Your Name | Unassigned  | Family Therapy | Pending | Not Reviewed | 8/5/2014 2:52:16 PM | 1/1/2014 | 4/30/2014 | |

10. Refresh your screen by selecting *Authorizations* from the task bar.

| |
|--|
| Client Condition - Pregnancy |
| Demographic |
| CSI Admission |
| DCFS Status Tracking |
| Financial Eligibility |
| Public Guardian Status Tracking |
| Authorizations  |
| Provider Admission |
| Provider Diagnosis |
| Attachments |

11. You will now see the “Authorization Number” that Provider Connect has assigned to your request.

Authorization Information

| Provider | Auth Number | CP Program | Status | Review Status | Request Date | Begin Date | Expiration Date | Attachments |
|-----------|-------------|------------------|----------|---------------|---------------------|------------|-----------------|-------------|
| Your Name | 298 | Your Agency Name | Complete | Not Reviewed | 8/5/2014 2:52:16 PM | 1/1/2014 | 4/30/2014 | |

12. Contact DMH’s Central Authorizations Unit (CAU) via e-mail to notify the department that your authorization request for claims testing has been submitted, and provide them with the client ID number and authorization number of your authorization request. Please send the email to Nathaniel Thomas at nthomas@dmh.lacounty.gov; and copy James Spallino at jspallino@dmh.lacounty.gov, Elhi Saucedo at esaucedo@dmh.lacounty.gov, and Becky Pang at bpang@dmh.lacounty.gov, and please make sure that the subject line of the e-mail is: “OTAR for Claims Certification Testing.”

Send

To...
Nathaniel Thomas

Cc...
James Spallino (JSpallino@dmh.lacounty.gov); Elhi Saucedo; Becky Pang;

Subject:
OTAR for Claims Certification Testing

Good Morning,

I am a provider/biller in the process of completing claims certification testing. I submitted the following authorization request via [ProviderConnect](#) for CAU’s approval:

- Authorization Number: 219
- Client ID: 3000325

Please let me know once CAU has approved the authorization request.

Thank you,

John Smith
ABC Practice
1000 Jefferson Avenue
Los Angeles, CA 90005
(213) 566-9349

13. CAU will approve the authorization request once it receives notification from you. After approval of the authorization request, CAU will notify you via email as well, and you may then move forward with submitting your test claim for that particular client.